

# APPLICATION AND CERTIFICATION FOR PAYMENT

**CUSTOMER:** New Hampton CSD  
 710 West Main St  
 New Hampton, IA 50659

**PROJECT:** New Hampton CSD MS/HS Addn  
 710 West Main St  
 New Hampton, IA 50659

**CONTRACTOR:** Cresco Building Service, Inc.  
 521 2nd Ave SW  
 PO Box 88  
 Cresco, IA 52136

**CONTRACT FOR:** General Construction

**VIA ARCHITECT:** Facilities Cost Management Grp  
 406 South 12th Street, Suite 300  
 Omaha, NE 68102

**APPLICATION NO:** 17

**PERIOD TO:** 7/19/2019

**PROJECT NO:**

**CONTRACT DATE:** 11/28/2017

*Distribution Via Email:*  
 OWNER  
 ARCHITECT  
 CONTRACTOR

## CONTRACTOR'S APPLICATION FOR PAYMENT

Application is made for payment, as shown below, in connection with the Contract.  
 Continuation Sheet Page 2, is attached.

1. ORIGINAL CONTACT SUM \$ 8,559,094.00
2. Net change by Change Orders 476,399.00
3. CONTRACT SUM TO DATE (Line 1+2) 9,035,493.00
4. TOTAL COMPLETED & STORED TO DATE (Column G on G703) 8,108,040.65
5. RETAINAGE:
  - a. On Completed Work (Column D + E on G703) \$ 405,402.03
  - b. On Stored Material (Column F on G703) 0.00
  - Total Retainage (Line 5a + 5b or Total in Column I of G703)
6. TOTAL EARNED LESS RETAINAGE 405,402.03
- (Line 4 less Line 5 Total) 7,702,638.62
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT (Line 6 from prior Certificate) 7,187,336.77
8. CURRENT PAYMENT DUE 515,301.85
9. BALANCE TO FINISH, INCLUDING RETAINAGE (Line 3 less Line 6) 1,332,854.38

The undersigned Contractor certifies that to the best of the Contractor's knowledge, information and belief the Work covered by this Application for payment has been completed in accordance with the Contract Documents, that all amounts have been paid by the Contractor for Work for which previous Certifications for Payment were issued, and payments received from the Owner, and that current payment shown herein is true and correct.

CONTRACTOR

By: *[Signature]*

Date: 7-19-19

State of: IA County of: Howard  
 Subscribed and sworn to before me this 19th day of July  
 Notary Public: Teresa E Fitzgerald  
 My Commission Expires: 6/15/2025

## ARCHITECT'S CERTIFICATE FOR PAYMENT

In accordance with the Contract Documents, I, the Architect, certify to the Owner that to the best of the Architect's knowledge, information and belief the Work has progressed as indicated, the quality of the Work is in accordance with the Contract Documents, and the Contractor is entitled to payment of the AMOUNT CERTIFIED.

Amount Certified \$ 515,301.85

Change Order Summary	Additions	Deductions
Total Changes approved in previous months by Owner:	430,827.00	0.00
Total approved this Month	45,572.00	0.00
<b>NET CHANGES by Change Order</b>	<b>\$ 476,399.00</b>	

(Amount explanation if amount certified differs from the amount certified, Initial of Signer on this Application)  
**FACILITIES COST MANAGEMENT GROUP, LLC**  
 OWNER REPRESENTATIVE FOR THE SCHOOL DISTRICT

BY: *[Signature]* Date: 8-9-19

This Certificate is not negotiable. The Amount Certified is payable only to the contractor named herein. Advance payment and acceptance of payment are without prejudice to any rights of the Owner of Contractor under this Contract.